

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

SPECIMENS FOR DETERMINATION

Instructions: Type or print information requested. Press hard and print legibly when handwritten. Item 1 - assign number for each collection beginning with year, followed by collector's initials and collector's number. Example (collector, John J. Dingle): 83-JJD-001.
Pest Data Section - Complete Items 14, 15 and 16 or 19 or 20 and 21 as applicable. Complete Items 17 and 18 if a trap was used.

FOR IIB/III USE
LOT NO.

PRIORITY

1. COLLECTION NUMBER

2. DATE

MO

DA

YR

3. SUBMITTING AGENCY

☐ State
Cooperator

☐ PPQ

☐ Other _____

SENDER AND ORIGIN

4. NAME OF SENDER

6. ADDRESS OF SENDER

ZIP

INTERCEPTION SITE

5. TYPE OF PROPERTY (*Farm, Feedmill, Nursery, etc.*)

7. NAME AND ADDRESS OF PROPERTY OR OWNER

COUNTRY/
COUNTY

PURPOSE

8. REASON FOR IDENTIFICATION ("x" ALL Applicable Items)

A. ☐ Biological Control (Target Pest Name _____)

E. ☐ Livestock, Domestic Animal Pest

B. ☐ Damaging Crops/Plants

F. ☐ Possible Immigrant (*Explain in REMARKS*)

C. ☐ Suspected Pest of Regulatory Concern (*Explain in REMARKS*)

G. ☐ Survey (*Explain in REMARKS*)

D. ☐ Stored Product Pest

H. ☐ Other (*Explain in REMARKS*)

9. IF PROMPT OR URGENT IDENTIFICATION IS REQUESTED, PLEASE PROVIDE A BRIEF EXPLANATION UNDER "REMARKS".

HOST DATA

10. HOST INFORMATION

NAME OF HOST (*Scientific name when possible*)

11. QUANTITY OF HOST

NUMBER OF
ACRES/PLANTS

PLANTS AFFECTED (*Insert figure and
indicate ☐ Number
☐ Percent*):

12. PLANT DISTRIBUTION

13. PLANT PARTS AFFECTED

☐ LIMITED

☐ Leaves, Upper Surface

☐ Trunk/Bark

☐ Bulbs, Tubers, Corms

☐ Seeds

☐ SCATTERED

☐ Leaves, Lower Surface

☐ Branches

☐ Buds

☐ WIDESPREAD

☐ Petiole

☐ Growing Tips

☐ Flowers

☐ Stem

☐ Roots

☐ Fruits or Nuts

PEST DATA

14. PEST DISTRIBUTION

15. ☐ INSECTS

☐ NEMATODES

☐ MOLLUSKS

☐ FEW

NUMBER
SUBMITTED

LARVAE

PUPAE

ADULTS

CAST SKINS

EGGS

NYMPHS

JUVS.

CYSTS

☐ COMMON

☐ ABUNDANT

☐ EXTREME

ALIVE

DEAD

16. SAMPLING METHOD

17. TYPE OF TRAP AND LURE

18. TRAP NUMBER

19. PLANT PATHOLOGY - PLANT SYMPTOMS ("X" one and describe symptoms)

☐ ISOLATED

☐ GENERAL

20. WEED DENSITY

☐ FEW

☐ SPOTTY

☐ GENERAL

21. WEED GROWTH STAGE

☐ SEEDLING

☐ VEGETATIVE

☐ FLOWERING/FRUITING

☐ MATURE

22. REMARKS

23. TENTATIVE DETERMINATION

24. DETERMINATION AND NOTES (*Not for Field Use*)

FOR IIB/III USE

DATE RECEIVED

NO.

LABEL

SORTED

PREPARED

DATE ACCEPTED

RR

SIGNATURE

DATE

PPQ FORM 391
(AUG 02)

Previous editions are obsolete.

This is a 6-Part form. Copies must be disseminated as follows:

☐ PART 1 - PPQ

☐ PART 2 - RETURN TO SUBMITTER AFTER IDENTIFICATION

☐ PART 3 - IIB/III OR FINAL IDENTIFIER

☐ PART 4 - INTERMEDIATE IDENTIFIER

☐ PART 5 - INTERMEDIATE IDENTIFIER

☐ PART 6 - RETAINED BY SUBMITTER

OMB Information

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0010. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Instructions

Use PPQ Form 391, Specimens for Determination, for domestic collections (warehouse inspections, local and individual collecting, special survey programs, export certification).

BLOCK	INSTRUCTIONS
1	<div>1. Assign a number for each collection beginning the year, followed by the collector's initials and collector's number</div> <div>EXAMPLE In 2001, Brian K. Long collected his first specimen for determination of the year. His first collection number is 01-BLK-001</div> <div>2. Enter the collection number</div>
2	Enter date
3	Check block to indicate Agency submitting specimens for identification
4	Enter name of sender
5	Enter type of property specimen obtained from (farm, nursery, feedmill, etc.)
6	Enter address
7	Enter name and address of property owner
8A-8L	Check all appropriate blocks
9	Leave Blank
10	Enter scientific name of host, if possible
11	Enter quantity of host and plants affected
12	Check block to indicate distribution of plant
13	Check appropriate blocks to indicate plant parts affected
14	Check block to indicate pest distribution
15	<ul style="list-style-type: none">Check appropriate block to indicate type of specimenEnter number specimens submitted under appropriate column
16	Enter sampling method
17	Enter type of trap and lure
18	Enter trap number
19	Enter X in block to indicate isolated or general plant symptoms
20	Enter X in appropriate block for weed density
21	Enter X in appropriate block for weed growth stage
22	Provide a brief explanation if Prompt or URGENT identification is requested
23	Enter a tentative determination if you made one
24	Leave blank

Distribution of PPQ Form 391

Distribute PPQ Form 391 as follows:

1. Send Original along with the sample to your Area Identifier.
2. Retain and file a copy for your records.